

BEHAVIORAL ASSESSMENT AND CONSULTATION

SERVICE DESCRIPTION:

Behavioral Assessment and Consultation is a specialized service designed to assist Department of Health and Senior Services (DHSS) staff, family/key persons, or other programs in understanding and managing a client's highly problematic behaviors related to the Traumatic Brain Injury (TBI) that do not respond to usual and customary interventions. This service shall include an initial face-to-face interview with the client, preferably observing behaviors in the client's natural, or program environment.

Activities include:

- Clinical determination of need for behavioral intervention;
- Evaluation of appropriateness for medical management;
- Development of a behavioral management plan to be implemented by all parties involved; and
- Coordination of behavioral management techniques, training and follow-up as indicated.

Evaluations must be adapted to the cultural, ethnic, linguistic and communication background of the client and family.

SERVICE LIMITATION:

This service requires specific and prior approval from the Adult Head Injury (AHI) Service Coordinator, and is subject to the availability of funds.

PROVIDER REQUIREMENTS:

The Provider must:

- Have a DHSS Provider Participation Agreement for the provision of Behavioral Assessment and Consultation Services; and
- Be a licensed physician or psychologist with the State of Missouri and have experience in medical and behavioral management techniques with TBI.

If no Provider is available in Missouri, the program may accept a Provider approved by another State Department, but would still be subject to Special Health Care Needs (SHCN) policies.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$13.80

SERVICE PRODUCT:

Written detailed assessment report that includes a thorough review of all assessment and treatment records to date. Assessment report must contain specific recommendations for medication management, no medication, program needs, and/or recommended behavioral intervention techniques. It shall also include, when appropriate, development of behavioral management plan for treatment. Written behavioral management plan must include objectives, methods/strategies to be implemented, and any recommendations for follow-up. The assessment report with recommendations and behavioral management plan must be sent to the AHI Service Coordinator within ten working days, after assessment is complete.

The AHI Service Coordinator shall serve as the liaison between the specialist and the planning team. The AHI Service Coordinator shall report client's response to treatment plan, coordinate any further appointments, and request further recommendations as indicated.

A monthly progress report to the AHI Service Coordinator indicating the client's functional changes in behavior management changes in family/key significant other/program staff ability to manage client behaviors, successful methods used, barriers to acquisition of skills, and maximum achievement expected.

NOTE: Refer to the Treatment Plan and Progress Report.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal, and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the Provider's participation in DHSS programs. This policy continues to apply in the event of the Provider's discontinuance as an actively participating DHSS Provider through change of ownership or any other circumstance.

REFERRAL INDICATORS:

Behavioral Assessment and Consultation may be requested when:

- Client exhibits highly disruptive behaviors, i.e., aggressive/assaultive or self-injurious episodes;
- Client/family, program staff, and/or primary caregivers have made a commitment to carry out behavioral recommendations as outlined in the behavioral management plan; and
- Client demonstrates ability to respond to structured intervention.

DESIRED OUTCOMES:

- Client demonstrates functional behavioral improvement with specialized intervention. i.e., is able to participate effectively in rehabilitation program; and
- Family/significant others and/or relevant program staff demonstrate ability to manage identified behaviors.